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**PROPOSED BILL NO 6025 AN ACT ALLOWING MEDICAL ASSISTANTS  
TO ADMINISTER MEDICATION UNDER SUPERVISION**

Committee on Public Health

February 22, 2017

Good Morning: Representative Steinberg, Senator Gerratana, Senator Somers, Representative Srinivasan and esteemed members of the Committee on Public Health. I want to thank-you for the opportunity to provide testimony on behalf of the Connecticut Nurses' Association (CNA). I am Mary Jane Williams Ph.D., RN current chairperson of Government Relations Committee for the Connecticut Nurses Association.

I speak in strong opposition **PROPOSED BILL NO 6025 AN ACT ALLOWING MEDICAL ASSISTANTS TO ADMINISTER MEDICATION UNDER SUPERVISION**

I speak to this as a **PRACTICE** issue **not a Scope Issue**. This request is a **"Safe Practice Issue"** related to adequate education, licensure and regulation.

Historically the "average training of a Medical Assistant is outlined as:

The entire program will need to have a total of 900 hours, which comprise the lectures, laboratory, and also the 225 hours of externship. The program contains four modules together with an externship. The focus of the very first 3 modules is to teach trainees to perform healthcare and also administrative responsibilities efficiently. The physician or surgeon supervises the medical assistant. The opportunity to work in real-life hospital circumstances is done during the externship. The

graduates of a medical assistant training program are not required to get a certification or permission to practice. Medical Assisting is the ideal job for those individuals who desire to venture in the medical field, nevertheless does not desire to study for several years.”

**The process of administration of Medication is not a simple task.** It requires skill, knowledge and judgment. In order to correctly administer medications the individual who is responsible for administering the medication must be able to assess the patient, as this is the first step in the process of Medication Administration. Assessment of patients is not a competency that is in the medication assistant curriculum.

**Therefore, the medication assistant will be taking an order from a Physician and administering medication without the any depth of knowledge related to a potential diagnosis and treatment. Without understanding the diagnosis or multiple diagnoses and how they relate to the pharmacologic aspects of the drug and the medical assistant administer may be uninformed about the knowledge and process essential to the administration and follow up, which includes any potential issues, allergic reactions and/or contraindications, education of the patient and any course of actions to follow if a reaction occurs with the Medication.**

The Medication Assistant does not have the education essential to client health and safety and/ or the ability to foster continued adaptation, which is essential to the process. The Medical Assistant is not prepared to educate the patient related to administration and/ or any reportable symptoms.

**The Registered Nurse is responsible for collection of data, assessment, medication administration after checking the order for the five rights determines which Medications to give, follows up to determine the response to the Medication, and provides guidance and education for the patient.**

It has been reported by the American Nurses Association in a formal statement that

Medication errors are among the most common medical errors, harming at least 1.5 million people annually. The same report cites the extra medical costs associated with treating drug related errors occurring in hospitals alone amount to \$3.5 billion per year. (Institute of Medicine of the National Academies, July 2006). Since errors occur, not just in hospitals, but in multiple settings, this is believed to be a conservative estimate. Medication errors are attributed to a number of system failures, including the process of administration (Janet Haebler MSN, RN, Associate Director, ANA State Government Affairs at [janet.haebler@ana.org](mailto:janet.haebler@ana.org).)

The National Council of State Boards of Nursing (NCSBN) in the October 2011 issue of the Journal of Nursing Regulation reported the findings of the first national survey of medication aides. **The data from this study imply that a disparity exists between regulation and practice. Medication aides reported being required to take on responsibilities beyond their defined role and training, some without sufficient supervision, if any.** So what does this mean for states in which assistive personnel are or may become authorized to administer medications? Although the “task” has been shifted to assistive personnel, responsibility for the nursing care outcome remains with the nurse (Janet Haebler MSN, RN, Associate Director, ANA State Government Affairs at [janet.haebler@ana.org](mailto:janet.haebler@ana.org).)

Is the delegation of medication administration to assistive personnel whose training requirements are not standardized the best approach to ensuring the delivery of safe and quality nursing care? Like so much of the practice of registered nurses, it is not about tasks. Nurses must be present when policy and statutory changes are being discussed and be prepared to describe what unique contributions they make and recognize the implications associated with proposed changes. Also, strict compliance with state regulations, appropriate education and adequate supervision are essential.

**What is being asked for in this Proposed legislation is permission for the “Provider” to hire the lowest level health worker and then allow them to administer Medications without the necessary knowledge base that facilitates the safe administration of Medications, with the safe follow-up by an individual who has the education to**

**support the behavior.** I know many states utilize this system. That also does not make it the correct way to administer medication.

**We, collectively as a State, need to ask ourselves what it will cost the patient, the health care system and the state, when patients end up in our Emergency Rooms with untoward reactions at a much higher cost to the State.**

**I strongly recommend that we establish a task force to consider the growing number of requests related to patient care in our State and our Communities. We need to develop an organized, regulated system of providers with defined roles. The providers would work collaboratively to provide safe, quality care in our communities. This issue was not addressed as part of the SIM grant.**

Therefore I speak in strong opposition to **PROPOSED BILL NO 6025 AN ACT ALLOWING MEDICAL ASSISTANTS TO ADMINISTER MEDICATION UNDER SUPERVISION**

Thank you

Mary Jane M. Williams PhD., RN

Chair, Government Relation, Connecticut Nurses Association

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